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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILIN	NG PURPOSES, WHEN DIFFERENT THAN MUNICIPA	ALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU	VICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Jose A. PINCHEIRA	Arncheira	Street: 1106 N. HIGH POINT RD.  City: MADISON Zip: 53717	□ Town □ Village  ▼City MADISON	// /16/20/// (Month) (Day) (Year)	Email Phone
Randy Parvin	Gal	street: 503 Frost Woods  City: Manona zip: 53714	Town MONONA  Village Alana and	// /16/20/( (Month) (Day) (Year)	Email Phone
Jane Bennett	Jane Bennett H. Foldheisen	street: 242 Junction Rd. #30  city: Madison, WI zip: 53717	Town Village City MAD ison	11 /16/20_11 (Month) (Day) (Year)	Email Phone
1. Heather Felchusen	H. Foldhersen	street: 8201 Plaza Dr#210 city: Madison WI zip: 53719	Town Village Madison	1 / 1 6/20 1   (Month) (Day) (Year)	Email Phone
JOGENA G WIERT	Jogena Wiest	Street: 5106 FLAMBEAU ROAD  City: MADISON W1 Zip: 53705	Town Village City MADISON	////6/20// (Month) (Day) (Year)	Email Phone
Douglas Arthur Wiest	Douglas arthur West.	Street: 5106 Flamheau Road  City: Madeson WI zip. 53705	Town Village Mades On	// / / 20 // (Month) (Day) (Year)	Email Phone
JEFF DHNSTAD	Silolo	Street: 110 OZARKTRALL City: MADISON Zip: 53705	Town Village WANISON	(Month) (Day) (Year)	Email Phone
Lauralei Schuster	Jamalei Schutes	street: 5110 Loruth Terrace  City: Madison zip: 53711	□Town □Village Madison B*City	(Month) (Day) (Year)	Email Phone
) <b>.</b>		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone
1	Certification	of Circulator	City of		J

					Street: City:	Zip:	☐ Town ☐ Village ☐ City		/ /20 (Month) (Day) (Year)	
	M .	1.			on of Circulator	duce		City of		-
[, _	Mary	<u>Hanawai</u>			certify): I reside at 4820	Hillview	Perrace	Madison	·	
r			Circulator)		(Circuia	ior s kesiaence – sire	et name and Number)	(Circulator	Municipality)	
the	rsonany circulated thi paper with full knowle	is recall petition and personated of its content on the date.	ally obtained each of the conditional control of the condition of the cond	he signatures on this paper. I know this or her name. I know their respec	hat the signers are electors of the justive residences given. I support this	risdiction or district repre	sented by the officeholder name that falsifying this certificati	ned in this petition. I know on is nunishable under S 12	that each person signed	
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Charles Richardson	Chels Richards	Street: 2617 NNOI folk C: City: Fitchburg zip: 53719	D'Own City F. tchburg	(Month) (Day) (Year)	Email Phone
2. Vonathantkey 3. LEANNEHILTON	Souther T. K.	Street: 4206 Nanetah Trail City: Magisan, NI Zip: 537/1	Town Village O'City  Mad 150	// /6/20/1 (Month) (Day) (Year)	Email Phone
JEANNE HILTOH	Glanne Histor	Street: 58 Cherokee Cin #104  City: Madrison Zip: 53704	Town Village Madison	///	Email Phone
Alexis Ziemann		street: 1006 DS JANJUALE LA H city: Madison zip. 53713	O Town O Village City Madison	11   16 20 11 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Phone (
6.		Street:  City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Phone (
7.		Street: City: Zip:	□ Town □ Village □ City	/ /20	Email Phone
8.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
10.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
Mary Hanausan	Certification		race Madison		

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

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Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. PO Box 2 Madison THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING MUNICIPALITY OF RESIDENCE DATE OF SIGNING CC NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE (Also Indicate Town, City, or Village) Rural address must also include box or fire no. Email □ Town Carherine A. Corbin ☐ Village Street: 195 S. Fair Oaks Ave Katie. K City Madison (Municipality Name) (609 53704 Email Town Village 108 Main Dan ☐ City Wal es (Municipality Name) (608 53183 ☐ Town 18 Jacons Ct ☐ Village City 11 /15/2011 Madison (Municipality Name) (608 ☐ Town □ Village City City 11/18/20\_ had, (CA) Email LONNI (608

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11 / 15	/20	- Lance Nilson	2	Page No. (Official U	se Only)
		punishable under S.12.13(3)(a), Wis. Stats.		,	
				s of the jurisdiction or district represented by the name. I know their respective residences gi	
(Printed Name	of Circulator)	(Circulator's Resid	dence – Street Name and Nur	nber) (Circulator Mun	icipality)
1. Lance Wil			rexel Ave	Madison	
	`		ion of Circulator	<b>A</b>	
		City: MONFOE WI	= z <sub>lp:</sub> 53566		14
sun Zonne	wo			(Municipality Name)	(Month) (Day) (Year)
0	100	Street: 2303 13TH	ST	MONROE	11/15/2011
	WILD			☐ Town ☐ Village	
5.		Chy.	24, 70 , 7		
Sign:	//	Chy: Madigon	21p: 53 764	(Municipality Name)	(Monin) (Day) (Year)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.				
THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT' THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT. BE LISTED.		Madison
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	co
1.  Print: diane sing.  Sign:	street: 409 N. Thumpson Dr #6 53714 city: Madison, WI zip:	□ Town □ Village 風City  MadiSon  (Municipality Name)	/	ShG Phone
Print: RUTH CASHWELL Sign: Shar & Chell	Street: 618 NONTH ST #Z  City: MADISON Zip: 53704	☐ Town ☐ Village ☑ City  MRD 15°N (Municipality Name)	115/20 <u>11</u> (Mosth) (Day) (Year)	Phone (605
sign: Muf 1 20	Street: 622 N SPring ST  City: Columbus, W2 Zip: 53925	□ Town □ Village □ Coto へ おっっ  (Municipality Name)	11/15/20_11 (Month) (Day) (Year)	Email Tim - Phone (920
Sign: Randall Salbor	Street: 4/5 fair Daks Av  City: Madison Zip: 53714	Town Village City  March 124  (Municipality Name)	// / / 20 <u>/ /</u> (Month) (Day) (Year)	Phone (608
5. Print: Charles F Mielke Stan: Charles F Mielke	Street: 75 Hollyward Dr City: Madison Zip: 53713	Town Village City  Madigur  (Municipality Name)	(/ /15/20 <u>//</u> (Month) (Day) (Year)	Email  CS_1  Phone  (408)
A section of	Certification of Circulator			
I Lance W. De	certify): I reside at 4102 DCexel Ave	Madison	W/1	

, Lance VV 10	, (certify): 11	reside at 1102 Diexel	7/2	VIACISEN W	
(Printed Name of Circu	ulator)	(Circulator's Residence - Street Name	and Number)	(Circulator Municipal	ity)
personally circulated this recall petition an named in this petition, I know that each pers ecall petition. I am aware that falsifying thi	on signed the paper with fu	of the signatures on this paper. I know that the signers Il knowledge of its content on the date indicated oppo- under S.12.13(3)(a), Wis. Stats.	are electors of the jurisdiction site his or her name. I know the	or district represented by the offi eir respective residences given. I	ceholder support this
(Month) (Day)	/ <u>20    </u> (Year)	(Signature of Circulator)		Page No. (Official Use Only # 1654	,

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Print: Lynne Rober + S  sign: Lynne Rober + S	Street: E13399 Co. Rd. W	Town Village City  Green field (Municipality Name)		Email  YN N e  Phone
Print: Dave Sicastried  Sign: Dave Sicastried	Street: E13399 CoRd W  City: 13212600 Zip: 53913	Town   Village   City   CrearFie(d)   (Municipality Name)	(Month) (Day) (Year)	Email  Jave  Phone  (60)
Print: MEL MARCUM SIRO MULL MANGELL	street: 628 E. Dayton St. #17  City: Madizon 218: 53703	Town Village Pa-City  Madizon (Municipality Name)	U //5/20 <u>11</u> (Month) (Day) (Year)	Phone (60%
Print: John A. Mc Namara	street: 430 Cantwell Ct #A  City: Madison zip: 53703	Town Village City  Mach, Son (Municipality Name)	(Month) (Day) (Year)	Email  Joh.  Phone  (608)
5. Print: Apam Corrien Sign: Q. C.	Street: 195 S FAIR OAKS AVE  City: MADISON 219:53704	□ Town □ Village □ City  MADISON (Municipality Name)	11 /15/20 <u>11</u> (Month) (Day) (Year)	Email  A.M.C.  Phone  (608)
I lance Walde	Certification of Circulator	- Madisan	\^/1	

(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Month) (Day) (Year) (Signature of Circulator)

Circulators, Please include you Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

walker from office pursuant to Article Affi, s	section 12 of the Wisconsin Constitution and 8.9.10 of the V	visconsin Statutes.		PO Box			
THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison			
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CC			
1. Helen Kitchel	Street: 225 Poffer St.	Town Village Z-etty  Mad Jan	///25/20 <u>//</u> (Manth) (Day) (Year)	Email Phone			
Sign:	city: Madisa zip: 53715	(Municipality Name)		(60)			
Print. Debra Lamers	Street: 601 S. Baldwin 72	☐ Town ☐ Village ☐ Lefty	11 / 1 20 11	Email			
Sign:	city: Madison Wizip: 53767	(Municipality Name)	(Month) (Day) (Year)	( Les			
Print: KALLYBANNON.	Street: 1116 N. Shorman	□ Town □ Village  □ City	11/15/20/1	Phone			
Sign: Auto Dan	City: MAD 158 J. W. Zip: 53764	City Of Malison (Muncipality Name)	(Month) (Day) (Year)	(69)			
Print: James S. Wold	Street: 2845 Hourd st	☐ Town ☐ Village	11/15/20/1	Email			
sign: fames S. Wold	chy: Madison WI zip: 53704	(Municipality Name)	(Month) (Day) (Year)	Phone (608)			
5. Courie Murphy	street: 2837 Hoand St #2	□ Town □ Village   © City  Madism	11/15/201	Email			
Sign: Conne Murphy	cin: Madison, WI zip: 53704	(Municipality Name)	(Month) (Day) (Year)	Phone (608			
Certification of Circulator  I. Lance Wilden, (certify): I reside at 4102 Drexel Ave Madison, WI							

(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)
personally circulated this recall petition and personally obtained each of named in this petition. I know that each person signed the paper with full leterall petition. I am aware that falsifying this certification is punishable ur	knowledge of its content on the date indicated opposite his or her name. I l	
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.				
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	C
1. DONNA Winter  Sign: Danshlinter	Street: 4313 Majn ave	Town Village PACity  MAO'SOY (Municipality Name)	///5/20// (Month) (Day) (Year)	Email day
Print: hora LEE FRY  Sign: Nora GEE My	Street: 5505 PORTAGE RD  City: MADISON, WI Zip: 53704	Town Uillage City  Burke (Municipality Name)	// //5 / 20// (Month) (Day) (Year)	Email co-Sa Sbc Phone
3. Print: Susan Agee  Sign: Susan Agee	Street: 1522 Almo Ave	□ Town □ Village ▼City  Madison (Municipality Name)	11 /15/20 11 (Month) (Day) (Year)	Phone (60%
4.  Betty Weynard  Sign: BWuml	Street: 901 Clarence Ct  City: Madison Wl 21p: 53715	Town Village V		Email Mud. Phone
5. Print: MARY MULLEN Sign: Mary Mullen	Street: 4337 MILFORD RD.	Town Village ACity  (Municipality Name)	11 /15/2011 (Month) (Day) (Year)	Email MM Phone

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Onna 5. Winter, (certify): I reside at 43/3 Major auch (Printed Name of Circulator) (Circulator's Residence Street Name and Number)

MAO LS 6 h (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(4), Wis. Stats.

(Month) (Signature of Circulator)

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Please include you

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin State

THE MINICIPAL PRO	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.				
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	co	
1.  Print: Li NOA L. VOEGELÍ  Sign: Linda & Voegeli	Street: 4181 MAIHONEY CT	MTown ☐ Village ☐ City	\\ /15/20 <u>11</u> (Month) (Day) (Year)	Phone	
Print: Sylvia A. Brown	Street: 162 Dixon St	□ Town □ Village ☑ City	11   15   20_	(60%	
3. Jennifer Henning	cuy. Madison zip. 53704	Madi 5 on (Municipality Name)	(Month) (Day) (Year)	Phone (608	
Sign: Jalennia	Street: JOZNFIHM St  City: Madison Zip: 635704	Village City  MadiSon  (Municipality Name)	11 /15/2011 (Month) (Day) (Year)	Phone (60%)	
rise Jean A. Henning Signal A. Henning	17785 Clinton Rd. Street: Morrison ville 219:53571	Town Uillage City  (Municipality Name)	)	Email Phone (608	
5.  Print: Ginny Whitehouse Sign: Dinny Whitehouse	Street: 6509 Raymond Rd	□ Town □ Village □ City  Madi Sov  (Municipality Name)	///5/20// (Month) (Day) (Year)	Email	
<u> </u>	cly: Madison zip: 53711			(608	
Dagge 5 ( ) /	Certification of Circulator	1	···		
(Printed Name of Circulator)	certify): I reside at 43/3 MAJOR /	END MADE	211		
(Frincea Name of Circulator)	(Circulator's Residence - Street Name and Num	when (Circular 14 )	( )	Circulators	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 2.13(3)(a), Wis. Stats

(Circulator's Residence - Street Name and Number)

(Signature of Circulator)

(Circulator Municipality)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Jenniel Kaelsa Jenniel Kaelsa Allison Sterons  Rob De Bauche R	SIGNATURES OF ELECTORS  Windtwens  White the state of the	city: Madisan  street: 10(006 Hope of City: Madisan		VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)  Town Village City  Town Village City  Town Village City  Town Village City  Addsom	DATE OF SIGNING  // /5/20// (Month) (Day) (Year)  // /5/20// (Month) (Day) (Year)	Email  Email  Email  Phone  Email  Phone  Email  Phone
	When Stevens	City: Madison  Street: Coloolo Hope of  City: Madison  Street: 5217 Sunner  City: Madison	zip: 53704 Nell Dr zip: 53718 URdge DR	Town Town Town Village  Town Village  Town Village  Town Village	(Month) (Day) (Year)  (Month) (Day) (Year)  (Month) (Day) (Year)	Email C  Email C  Phone (C)  Email C
	ism Stevens of Debauli	Street: 5214 Summer	zip: 53718 4 Rdge DR	D'Village  SECity  Madison  Town  Village	(Month) (Day) (Year)	Phone ( C
Rob De Banche R	ob Debauli	City: Modison	• • • • • • • • • • • • • • • • • • • •	☐ Villæge	, , , , , , , , , , , , , , , , , , , ,	Phone
		Street:				(6
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	7	City:  Street:	Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone
	Certification of		Zip:	Madison	WI	

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Kristi A	Sullea			ation of Circulator	D., Cit	Yof.	
·	Name of Circulator		(Circulator's Re.	sidence – Street Name and Nu	mber)	(Circulator Municip	ality)
personally circulated this named in this petition. I kno ecall petition. I am aware	ow that each person sign	ned the paper with full kno	wledge of its content on	. I know that the signers are elector the date indicated opposite his or ts.	ors of the jurisdiction her name. I know the	or district represented by the or eir respective residences given.	fficeholder I support this
/	$\frac{15}{\text{(Day)}}$	III LAG	(Signature of Circulate	.Ol-		Page No. (Official Use Of # <u>/660</u>	ıly)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
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1. MARIE BERMAN  Norice Berman	Street: 4310 CHENOKEE DR  City: MAD LSON ZIJ. 53711	Town Village City  (Municipality Name)	[	Email Secoo Phone (608		
2. Print Gretchen Delfin Sign. 91	street: 16 Cornerstone Way #9	Town Village City  Fitchburg (Municipalit) Name)	11 /15/2011 (Month) (Day) (Year)	Email Gretche Phone (608		
Rachel Scheer  Sign: Rould Scheer	Street: 3314 Cty RaBN  City: Deerfield 21p: 53531	Town   Village   City   Cottage Grove   (Municipality Name)	/5/20	Email  (6) F  Phone  WYSC		
4. Print: KRIS ZIMMETMON Sign: Lh		Town Stillage City (Municipality Name)		Email  ZDOM (  Phone  ( BOS		
5. Print: Shawng buinn Sign: Shawng Suinn	Street: 12.9 Talmadge St.  City: MadiSon 21p. 53704	Town Village City  (Municipality Name)	11/19/20 <u>11</u> (Month) (Day) (Year)	Shaw Phone		
Certification of Circulator  I, Kristi A. Galler, (certify): I reside at 2722 Van Hise Av. City of Madison (Circulator Municipality)  I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder						

named in this petition. I know that each person signed the paper with full knowledge of its content on the date ind recall petition. I am aware that falsifying this certification is punishable under \$,12.13(3)(a), Wis Stats.

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.									
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON					
1. MARK WEITZEL Sign: Mark Weitzel	Street: 42 Rough lee C+  City: MAOISM WI Zip: 53785	☐ Town ☐ Village ☐ City  MA DIS  (Municipality Name)	//////////////////////////////////////	MWW Phone					
2. David Evans Sign: David Evans	Street: 2014 Frazer Place Apt A  City: Nadson Zip: 53706	Town Village City  (Municipality Name)	[[   15   20 [[ (Month) (Day) (Year)	Phone & CS					
3. Prior Monette McGuire Sign Mellie		Town Village SOCity F-Lubury (Municipality Name)	[	Phone (					
4. Print: Mary Moroner	Street: 1065 State Rd 78  City: Mt. Horeb 219: 53572	Town Styllage City  M. Horeb (Municipality Name)	// //5/2011 (Month) (Day) (Year)	Phone					
5. Print Catherine Tracy Sign: Catherine Tracy	Street: 7854 N. Yahara Rd  City: DeForest Zip: W1	Town   Village   City   W   W   SO   (Municipality Name)		Email Phone					
1/ 1: 1 0 0	Certification of Circulator								
- Vastilla (auton	Kristi A Gullen 12772 Vallie Au Chros Motion								

	COI CILICATULAT OF CIT CALLACTOR	
Kristi A. Gullen	(certify): I reside at 2722 Van Hise, Au. Cr	vot Madison
(Printed Name of Circulator)		(Circulator Municipality)
named in this petition. I know that each person sign	onally obtained each of the signatures on this paper. I know that the signers are electors of the date paper with full knowledge of its content on the date indicated opposite his or her received in the paper with full knowledge of its content on the date indicated opposite his or her received in the paper with full knowledge of its content on the date indicated opposite his or her received in the paper with full knowledge of its content on the date indicated opposite his or her received in the paper with full knowledge of its content on the date indicated opposite his or her received in the paper with full knowledge of its content on the date indicated opposite his or her received in the paper with full knowledge of its content on the date indicated opposite his or her received in the paper with full knowledge of its content on the date indicated opposite his or her received in the paper with full knowledge of its content on the date indicated opposite his or her received in the paper with full knowledge of its content on the date indicated opposite his or her received in the paper with full knowledge of its content on the date indicated opposite his or her received in the paper with full knowledge of its content on the date indicated opposite his or her received in the paper with the paper	f the jurisdiction or district represented by the officeholder name. I know their respective residences given. I support this   Page No. (Official Use Only)  # 1662

**Circulators**, Please include you**r** o

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Email
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Committee Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. PO Box 25 Madison, V THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING DATE OF SIGNING CON MUNICIPALITY OF RESIDENCE STREET & NUMBER OR RURAL ROUTE NAME & SIGNATURES OF ELECTORS (Also Indicate Town, City, or Village) Rural address must also include box or fire no. Email 1. ☐ Town Village ☐ City ☐ Town □ Village City N/15/20\_11 3. ☐ Town ☐ Village City Phone ☐ Town DANIEL ☐ Village E City MAIDHIN (Municipality Name) ☐ Town ☐ Village **K**City

I, Krist A. Wilen, (certif	y): I reside at 2722 Von Hise Ave (Circulator's Residence - Street Name and Number)	Cityoff Nation (Circulator Municipality)
named in this petition. I know that each person signed the paper v	each of the signatures on this paper. I know that the signers are electors of the ju with full knowledge of its content on the date indicated opposite his or her name.	risdiction or district represented by the officeholder I know their respective residences given. I support this
recall petition. I am aware that falsifying this certification is puni-	shable under S.12.13(3)(a), Wis. Stats	
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Box 25 Madison, V THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING DATE OF SIGNING CON NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE Rural address must also include box or fire no. (Also Indicate Town, City, or Village) ☐ Town ☐ Village **City** ☐ Town ☐ Village City (Municipality Name) Email ☐ Town mm ☐ Village 608 ☐ Town
☐ Village City (Municipality Name) 800) □ Town ☐ Village ☐ City (Municipality Name) (608

	City:	Zip:		
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, Kristi A. Gullen	, (certify): I reside at $27$	22 Van Hise Au	City of Mad	ison
(Printed Name of Circulator)	(Circu	lator's Residence - Street Name and Nur	mber)   (Circulator Muni	cipality)
I personally circulated this recall petition and personally named in this petition. I know that each person signed the recall petition. I am aware that falsifying this certification of the control of t	ne paper with full knowledge of it on is punishable under \$.12.13(3)	s content on the date indicated opposite his or h		ven. I support this

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Madison, W THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING DATE OF SIGNING CONT NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) Rural address must also include box or fire no. Email Print: Angela Witt ☐ Town ☐ Village 1946 Me 100 se St. 1 /16/2011 City Sign: Congela With (608 (Municipality Name) ☐ Town ☐ Village 11/16/2011 City (box □ Town ☐ Village wesley po City 11/16/2011 (Municipality Name) (608 Email ☐ Town ☐ Village City Street: 3102 Darchester Waw Phone Email 11 /16/2011 Phone (Municipality Name) (608 **Certification of Circulator** 

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$12.13(3)(a), Wis. Stats Page No. (Official Use Only)

(certify): I reside at 2722 Van Hise

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Committee PO Box 256

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Madison, W THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING DATE OF SIGNING CONT STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE NAME & SIGNATURES OF ELECTORS (Also Indicate Town, City, or Village) Rural address must also include box or fire no. Email Carlos Pabella: ☐ Town ☐ Village ///IS/20<u>//</u> Email □ Town □ Village ☑ City Runter Hill Dr. 11/IS/20<u>11</u> Phone (BOB) ☐ Town ☐ Village **City** 11/15/20<u>11</u> Phone Town ☐ Village ☐ City 608 Email ☐ Town Village City 11/11/20/11 Phone 015 **Certification of Circulator** 

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Article XIII, Section 12 of the Wisconsin Co	nstitution and S.9.10 of the Wisconsin State	utes.			PO B
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. AD Jeffourt	- >	Street 2002 Vanlenst City: Maddon zip: 57704	User malion	// //5/20 (Month) (Day) (Year)	Phone 6 00 6
2. Ryan J Osman	Profe	Street: 315 JOSHUA CIRCUE City: SUN PRAIRIE ZIP: 53590	Town Village SUN PRAIRIE	1 / S / 2011 (Month) (Day) (Year)	Phone (LOS)
Philip D. Mathison	9grs	city: My di Son, WI zip: 53703	Town Village City  Mal	11 / 15/20 11 (Month) (Day) (Year)	Phone (003)
Adrienne Golden	Adrewe Hobben		Town Village Madison	// /5/20// (Month) (Day) (Year)	Phone (Co8) S
"Judy Ferwerda	Ludy A Ferwarda	street: 264 Grand Canyon Dr.  City: Madison Wl zip: 53705	Town Village City  Madison		Phone (608)
MEGHAN L. HAMILTON	Meshod Am	Street: 2738 BUSSE ST.  City: MAOISON, WI Zip: S3714	□ Town □ Village  ★City  MADISON	\	Meshant Phone (603)4
7. Cody Laborgacian	Codp Labagraron	Street: 1102 Bodger rd Apt 2 City: Madison Wi Zip: 52714	Town Village Octy  Modis On		Phone ( )
Toinette Dicksworth	Youndth Dubut	street: 5530 marconi st City: Madison W. Zip: 53705	Town Village Mad 150N	11 /(5/20_11 (Month) (Day) (Year)	Phone ( )
Mony Hoffman	MoreyHopp	Street: 750 S Gammun Rd #4 City: Madls Un. WI Zip: 53711	Town Uvillage Chy  Color  Colo	//////////////////////////////////////	Phone ( )
10.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Phone ( )
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#### SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

article XIII, Section 12 of the Wisconsin Con	nstitution and S.9.10 of the Wisconsin Statu	ites.			PO E
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	Madi
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Robert BEDOY	Roland Benon	Street: 1503 STEENSLAND DR City: MADISON Zip: 53704	Town Willage MADISON	11 /15/2011 (Month) (Day) (Year)	Email Roselt Ci Phone (608) 7
Jackson Fothergill	Jagan.	Street: 126 S. Franklin S+#2C City: Madison zip:53703	City / YIWWISON	11 / 15/2011 (Month) (Day) (Year)	Email Fother Phone (608)
Generie McNeal	Senerel schol	OLIVE City: Zip:	City   MAC  894	Month) (Day) (Year)	Phone (608) 3
Melissa Comill	Milisa LL	street: 17 Ardnare Dr. city: Madison, W zip: 53713	Town United Town	(Month) (Day) (Year)	Phone (LOG)
Dean Richard	1	Street: 1415 Jennifan SA  City: Madison zip: 53704	Town Utillege Madism	(	Phone (70)
Michael S.M.Cally	Middle	City: Madism W zip: 537/3	Town Village City Madison	(Month) (Day) (Year)	Phone ( )
DAVID PAYNE	mym	Street: 501 AZTALAN DR  City: MADI/AN  Zip: 5371 8	Town Village MADI/	(Month) (Day) (Year)	Email AMMa (Phone (6 & )
8. Clandia Striles	glanding for	City: Lodi WI zip: S3555	□ Town  N village □ City	///S/20// (Month) (Day) (Year)	Email Clards Phone
SED HANNEMARN	Jul H.	Street: 333 WEST MIGHLIN ST.  City: MADISON WI Zip: 53703	Town Village City Madison	1//5/20 <u>//</u> (Month) (Day) (Year)	Email SAHANNEN Phone 715
Den Frill	Determine !	Street: 7533 Samuill Ted  City: Madison zip: 53717	Town Village MadiSon	1 /15/2011 (Month) (Day) (Year)	Email closm.th Phone (608)
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Kelli Lawler	. (certi	fy): I reside at 416 Hullen Que. #1	- Mrduson		

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(Circulator's Residence - Street name and Number)

Circulators, please

(Circulator Municipality)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.					PO E
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1. Robert F Kobuch The	Kut 7 Kuth	street: 1401 Williamson st 73 City: Madison, zip: 53703	Town Village M 2 disent	(1 // 5/2011 (Month) (Day) (Year)	Phone (917)
Sean moroz	Chyufy	Street: W5848018 ARGY/ERD City: MONOC Zip: 5356C		(/ //S 20( / (Year)	Phone (702)
3. Brian Schuh	Bingh	Street: 217 N. Musiket Ridge Drive City: Sun Prairie WI zip: 53590	Town Village Sun Praine	11/15/2011 (Month) (Day) (Year)	Email elektrobe Phone (608) 3
Climando Herrion	Cho	street: Corral Dr. city Madison zip: 537 18	Town Village Madism	(Month) (Day) (Year)	Phone ( )
Michele Sumrell	Ourle Demis	Street: CORALDR  City: DOADISON Zip: 5378	Town Village MADI SON	11 /15/201( (Month) (Day) (Year)	Phone ( )
Crystal Carsen	Custollarsen	Street: 2142 E. Johnson  City: MADISON Zip: 5378	Town Village City	) ( / ) 5/20_1/ (Month) (Day) (Year)	Phone ( )
7. Hurston Golden	Hurston Halden	Street: 10 Mega ct cipt # 1 City: Madison wis zip: 53719	Town Village City Madison	11 / 15/2011 (Month) (Day) (Year)	Hurston (20) Phone (608)
MARK METZGER	W	Street: 699 W. MittliN City: MADISON Zip: 53703	Town Village City  MATA  COMMENT  TOWN  TO	( /5/2011 (Month) (Day) (Year)	Phone (GOO)
9. Lindy Schepp	Cudydolopp	Street: 4606 Elgewood Crf City: Middleton zip: 53762	☐ Village Milleton ☐ City	M / 15 / 2011 (Month) (Day) (Year)	Email Phone
Travis Windom	Travis Windom	civ: Madisona zip: 53711	Town Village Decity Madiso	// /15/2011 (Month) (Day) (Year)	Phone ( )
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Article XIII, Section 12 of the Wisconsin Con	nstitution and S.9.10 of the Wisconsin Stat	utes.			PO B
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The Brades		Street: HOLCORAN, ST City: Massis Zip: WF	Town Village City	/ 5/20_1 (Month) (Day) (Year)	Phone (414)
2. Devin Waniger		Street: 126 E. Witson St-Aghi H City: Madison WI zip: 53705	Town Village City	(Month) (Day) (Year)	Phone (608)
3. Rilay Acre	RAB Pa	Street: 13d capital (1) of TI	Town Village MadiSon	///520(Month) (Day) (Year)	ile
4. Vich Anderson	1/mas	Street: 1234 E. Mifflin #6 City: Madism zip: 53715	Town Village Madison	(Month) (Day) (Year)	Phone (607)
Adam Disler	Mandeller	city: Madison WI zip: 53703	Town Village Madison	\(\left(\sigma \frac{15}{2011}\right)\) (Month) (Day) (Year)	Phone (202)
Joe Clark	De ant	Street: 1018 East Garham  City: Walson 10 22/153703	Town Village Madison	(Month) (Day) (Year)	Phone ( )
CAROUN J. PRICE	Carolyn mee	street: # 10/ Honora 53714zip WTCJ	Town Sillage Office Word	(highth) (Day) (Year)	Phone ( )
DeShawn Suggs	Des & syst	street: 5825 Balsan KJ #4  City: Madison Wl Zip: 53711	Town Village  Recity Madison	1///S/20// (Month) (Day) (Year)	Phone (\$20)
JUSTIN DAMMEN	GhOn-	Street: S. N. VOURMONT CIR  City: Manison Zip: 53717	Town Village Man 1 4 cm	11 /15/2011 (Month) (Day) (Year)	Phone ( )
TYLER DAHMEN	Dx D.L	Street: 5 N. WOODMONT CIR City: MADISON, WI zip: 53717	□ Town □ Village  ▼ City  M 4 D I SON	11 /15/20_11 (Month) (Day) (Year)	Phone ( )
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	IYLER	DATIME	'		City: MADISC	N, WI	<sub>zip:</sub> 53717	<b>K</b> City	7774073019	(Month) (Day) (Year)
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	Ke	II. La	Wler	, (c	ertify): I reside at <u></u>	16 Huds	on Avetic		Madison	
	• •	(Name	e of Circulator)				dence – Street name and	d Number)	(Circulator M	<b>l</b> unicipality)
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ne j	paper with full knowle	edge of its content on th	ne date indicated opposite h	nis or her name. Lknow their respect	ive res <b>jø</b> ences given. I supp	ort this recall petition	on. I am aware that falsifyi	ng this certifi	ication is punishable under S.12.1	.3(3)(a), Wis. Stats.
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# NOT SUBMITTED

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

<u> </u>	onstitution and S.9.10 of the Wisconsin Stars		VICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Andrew Stuckey	Anhun States	Street:   West Newhoren Ci	Town Juliage Ritty Madi-Son	//// /2d	Email
ean Goodrand	A Silv	street: 7513 Rohlich C+ #6  City: Middleton Zip: 53562	Town Orb	//////////////////////////////////////	Emai
Zechay Muella-	Jany Mill	Street: 43h East Campus Mall #2041 City: Madison Zip: 53703	Town Village  Seccity Madison	// // /20 (Month) (Day) (Year)	Emai
Cases Logers	Casey Rogers	Street: 441 S. Segoe Ed.  City: Madison Zip: 53711	Town Pullage City Mad I son	/////20 <u>/</u>	Emai
Alicia Wright	alrendize	Street: 1841 Beld ST  City: MADISON Zip: 53713	Town JMJZ Village City Makism	// // 20 11 (Month) (Day) (Year)	Emai
Janna lebros	Summa herre	Street: 19 N BASSET  City: Mcidison, WZ zip: 535661	Town Village City Madi Son	//////20 (Month) (Day) (Year)	Emai
Jaciyn Eitrem	Jacky 16 lo	Street: 1100 Woodvale Dr City: MacUSOn zip: 53716	□ Town	//// /20// (Month) (Day) (Year)	Emai
Diana Camosy	Diana Comos	street: 344 W. Dayton St City: Madison zip: \$3703	Town Village City Marks	// //6/2011 (Month) (Day) (Year)	Emai
Rebecca Halamani	Roberen Hohnan	street: 3002 Patty &n #4	Town Juliage Middleton	(Month) (Day) (Year)	Emai
Kitharmelenn	1 00 00 00	Street: 502 N. Frances St Flow City: Madison Zip: 53103	Town Indiage Madisa	1///4/20_// (Month) (Day) (Year)	Emai
John M.		tify): I reside at 7 Long Meadow (	Cm Ma	dism	 
(Name of Circ  ly circulated this recall petition and personally o  with full knowledge of its content on the date in	btained each of the signatures on this paper. I know that	(Circulator's Residence – Street name and signers are electors of the justisdiction or district represented by the residences given. L support this recall petition. I am aware that falsifyi	officeholder named in this petition. I know t	Municipality) hat each person signed	GII

(Signature of Circulator)

®crucia 2002-9

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Phone Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Derek Domblowski	and while	street: 5219 Bettonbush Drive	Town Juliage Village	///// /20	Email Phone	<u> </u>				
2. Sean David	D matas.	street: 3103 Stevens St. Aptil		(Month) (Day) (Year)	Email					
o Connor	Senton	city: Madistan zip: 53705	City Madis	(Month) (Day) (Year)	Phone (Email					
"ZOE PAWLISCH	3a Park	Street: 762 Rutuage St. City: Madison zip: W	Town Village  City Mady's Ch	(Month) (Day) (Year)	Phone					
4. Katie Bolssen	N 10 0 1	Street: 140 W. Gilman	□ Town Village	11 /16/20/1	Email					
Katie Bolssen	Latte Bolssen	city: Madison zip: 53703	XCity Madiron	(Month) (Day) (Year)	Phone (Email					
Jim Holla	9 Hell	Street: 2620 Arbor Dr April 4 City: Madison WI zip: 53711	Town Village City Madson	(Month) (Day) (Year)	Phone (					
6. Donna Sereda	Amer South	Street: 2814 Conter Ave.	Town Pullege	1/ ///20_1/	Email					
7.		street: 502 N Frances St	City Madison	(Month) (Day) (Year)	Email (					
Lauren Konetzku	1- KT	city: Madism zip: 53703	Scity Midsron	(Month) (Day) (Year)	Phone (	<u> </u>				
8tytone walker <	ejerna valla	Street: 1/21 Me Author Rd	Town Millage	11/16/2011	Email Phone	_				
9.	1/	City: Madrom zip: 55704	City Madism	(Month) (Day) (Year)	Email (					
Sadie Sturgeon	Sad Strag	street: 245 Laradon St. Apt. I  City: Modison zip: 53703	Village X 1	(Month) (Day) (Year)	Phone (					
10. Tanner Schultz	To tom	Street: 5126 Prairie Rose Rd	Town JMZ	11/11/2011	Email Phone					
	Certification		City Madism	(Month) (Day) (Year)		<u>.</u>				
John M.	17 (-	tify): I reside at 9 Longhendon	on Mads:	Som	Circula	atore				

				City: 1 VO( ) SC	) V C	Zip: 🔪	2.2102	j '		~``	
10. Tann	er Schultz	Tomost		Street: 5126 City: Madys	Prairie	Rose R	53704	□ Town □ Village □ City	Nadis	m	// / / / 20 / / (Month) (Day) (Year)
	<u></u>		Certification	of Circulator							
V-1-11	John M	1 R1a		tify): I reside at	9	Long	nendon	On		Madis	P.
	(Name of Circu	ılator)		(	Circulator's Re	esidence – St	reet name and	Number)		(Circulator M	(unicipality)
ersonally circulated this	s recall petition and personally ob	tained each of the signatures	on this paper. Thoow that	the signers are electors	of the jurisdiction	or district rep	presented by the	officeholder n	named in this p	etition. I know the	at each person signed
paper with full knowle	edge of its content on the date indi	cated opposite his or her nam	e. I know their respective	residences given. I supp	ort this recall per	tition. I am aw	are that falsifyin	g this certific	ation is punish	able under S.12.1	3(3)(a), Wis. Stats.
	120 11	<u> </u>	15/2	mod	la				!-	Page No. (Off	ficial Use Only)
(Month)	(Day) (Year)			(Signature of Circu	lator)					#_167	9
						0	200		i _		i

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.  THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.								
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or ViHage)	DATE OF SIGNING				
1. Allison Clarke	al Cale	street: 7345 Timber Lake Tr Apt 306	Town Village Sprcity  Madison	11 /15/20_11 (Month) (Day) (Year)	Email Phone			
2. Van Ryzin	R. Tamas 1/2 Mar :	city: Madison zip: 53719 - street: 50 Fuller Drive	D Town Maple Jack	11 /15/20/11	Email			
Benjamin Van Ryzin	Benjamin Vantly	city: Madison zip: 53704	City Bloff	(Month) (Day) (Year)	Phone (			
3. Michael Kyrios	Mil 150	Street: 620 North Carroll Street Apt 709  City: Madison Zip: 53703	Town Juliage Carry Madison	(Month) (Day) (Year)	Phone			
Leila Belakhdar	D. A. Anlah holas	Street: 217 Merry st	□ Town June	11 /15/2011	Email			
Lena benerias	alle Gemanne.	civil aclisen zip. 53704	Acity Madrson	(Month) (Day) (Year)	Phone (Email			
"June Dalton	June Datton	Street: 6301 WINNEQUADRA City: MONONA WI Zip: 53716	Town Village MCCity Monohs	///5/20// (Month) (Day) (Year)	Phone (			
Lisa Dachenbach	Lisa Warhenbark	street: 2 Langdon St	Town Juff	// //5/20// (Month) (Day) (Year)	Email Phone			
7.	1	Street: 4 LONGMEAROW CIRCLE	□ Town □ Village	11 /15/2011	Email			
MARK HOTH	Mark Stuto	City: MADISON Zip: 53705	Pocity Madison	(Month) (Day) (Year)	( Email			
Susan Ellis Weismer	Lusay Ellis Wism	City: Middleton Zip: 33562	Town Village  City  Middle for		Phone (			
Rachel Zwiebel	Racial Zaho	Street: 7409 Old Sauk Rd	Town Village Madison	1/16/20//	Email Phone			
10.	Jaiver gare	City: Mad1500, W/ zip: 53711	$\overline{}$	(Month) (Day) (Year)	Email			
Nicholas Grund	Nicholae Gunth	street: 12, 5. 6rchard  City: Moldison Zip: 53715	Unillage Wadson	(Month) (Day) (Year)	Phone			
Certification of Circulator								
(Name of Circula		fy): I reside at Circulator's Residence - Street name and			Circulators			

I, I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator)

Phone

Email

Email

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Xillage)	DATE OF SIGNING	С
Brad T. Klingele	Miller	street: 5713 Piping Roch Rd. City: Madison WI zip: 5371	Town July City Wali san	// /6/20_\	Email Phone
Daniel Thempson	In I	street: 535 W Johnson City: Madiger zip: 53703	Town July City Medison	(//////20_( (Month) (Day) (Year)	Email Phone
3. Helen Osborn	Welen Wood	Street: 423 U. M. FF IM St. #2 CHy: Madisen, W1 zip: 53715	Town City Madria	// //6 /20 <u>1/</u> (Month) (Day) (Year)	Phone (
4. Antonio Rengel	april	Street: 430 W, W, ISAA Street Apt III City: Madison WI zip: 53703	Town Juliage Madrian	// 1/6 /20 <u>((Year)</u>	Email Phone
5. Millaela Tennis	Milkade Cario	street: 140 W. Gilman Street City: Madison, WI zip: 53703	Town Willage Madison	// / / / 20 // (Month) (Day) (Year)	Phone (
6. Herrie Fawcett	Mu fatt	street: 516 Wis (unsin Ave #6) City: Madison, wi zip: 53703	Town Willage Madison	(Month) (Day) (Year)	Phone (
Jonathan Berger	fat Mu	street: 644 N. Frances St.  City: Madison zip: 53703	Town Madison	(1 / 16/20 <u>11</u> (Month) (Day) (Year)	Email Phone
*James Macken	Javies Machi	street: 115 E. Johnson St.  City: Myelison zip: \$3703	Town Juliage Madison	(Month) (Day) (Year)	Email Phone
"Jared LeBlanc	Tanu www	city: Madison, WI zip: 53703	Town Just Nadion	/K /2011   (Month) (Day) (Year)	Email Phone
10. Regen Burchardt	RELL	Street: 3030 Pathy LN Apt6 City: Middledon zip: 53562	Town Juliage Middle for	// //6 /20_// (Month) (Day) (Year)	Email Phone
John 1	n Rica	of Circulator  rtify): I reside at 7 Congressadow	Cm Madi	<i>s</i> m	
(Name of Circu		(Circulator's Residence – Street name and	d Number) (Circulator l	Municipality)	Circulators, Phone

Certification of Circulator

[Name of Circulator]

[Name of Circulator]

[Name of Circulator]

[Name of Circulator]

[Circulator]

[Circulator's Residence - Street name and Number]

[Circulator Municipality]

[

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1. Bety Zana	Bethy Jane	street: 6229 Countryside Lin City: Madison, WI zip: 53704	Town Just Desiry Madiry	// /// /20_1/ (Month) (Day) (Year)	Email Phone			
2. Jessica Doing	Son Dos	Street: 422 W. Washington Ave.  City: Madison Zip: 53706	Town Utillage Ocity  Madison	// //6/20_// (Month) (Day) (Year)	Email Phone			
3. Dea LarsenConverse	Di M	Street: 618 Schiller Gt CHy: Madison Zip: 53704	Town Jaj L  Village Madry	// //6/20// (Month) (Day) (Year)	Email Phone			
Karen Haagense	Karen Haagensen	Street: 405 MULT Dr. City: Madison WIL zip: 5370	Town Juliage Wadden	// //6 /20 <u>//</u> (Month) (Day) (Year)	Email Phone			
CHARLES MATHEWS	end	Street: 20/4.WESTMOUNT  City: WWW5/350 Zip: 53590	Town In Prairie Sim Prairie	// /6/20	Email Phone			
« Kate Dixm	Haldixa	City: Madism W1 zip: 53705	Town June City Madifor	11 //6/20_1 (Month) (Day) (Year)	Email Phone			
"LIAM DAKE	Lim de	Street: 224 N. MADISON ST.  City: STOUGHTON Zip: 53589	Town Process City Stoughton	// // // 20 <u>11</u> (Month) (Day) (Year)	Email Phone			
Emily Ruebl	Emily E Rulf	street: 1235 Jenifer St City: Madison Wi zip: 53703	Town July City Madrson	11 /16/2011 (Month) (Day) (Year)	Email Phone			
"Heather Adle	Heatherfallen	Street: 2321 Badger Parkuny,#15 City: Madison zip: 53713	City Marson	// //6 /20 <u>//</u> (Month) (Day) (Year)	Email Phone			
ERIC WILLEY	000	Street: 1624 Forden Ave. AST 204 City: MADISON ZID: 53764	Town Willage Madison	// //20/(Month) (Day) (Year)	Email Phone			
Certification of Circulator								
John M.	/4/c1 , (certi	fy): I reside at 9 Long meator	VCM Mad	ism	<i>01.</i> 1			
(Name of Circui		(Circulator's Residence Street name and		formation with a	Circulator			

(Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator)

Phone

Email

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1. MARIA SAFFIOTTI DAL	Main SHA De	Street: 309 PARK WAY	□ Town Sullage	11 /16/2011	Email Phone					
7	2	City: MADISON, WI Zip: 53705	Tity Madison	(Month) (Day) (Year)	(					
2 FRANCE	1	Street: 35 E, MAINST	Town Uvillage	(Month) (Day) (Year)	Email Phone					
1/EN PELIER	l'astro	City: Jun Prairie zip: 53590	Scity Sun Vhande	(Month) (Day) (Year)	(					
3. Richard Mc Gowan	P. L. 1 ME-91	Street: 418 W. Muin St #3	□ Town □ Village	// //6/20 <u>/</u>	Email Phone					
	Julia C/V Soun	City: Madison wi zip: 53703	Society Madison	(Month) (Day) (Year)	(					
Mia Hicks	Lucia Madra	Street: 910 College C+ 289	Town Willage	11/16/20/11	Email Phone					
1 nd moks	umua Hvora	City: Madison zip: 53715	City Madism	(Month) (Day) (Year)	( '					
EMILY JEFKO	Guilles Sallio	Street: 250 WAUBOSA ST.	□ Town □ Village	11/1/20//	Email					
EMILY JETAU	Sur Office	City: MADISON, WI zip: 53704	City Madrson	(Month) (Day) (Year)	Phone (					
6.		Street: 2510 Bardralk crab #7	□ Town □ Village	11 /16/20/1	Email					
Chris Splegel	C/ Minim	City: Ean Claire WI zip: 54701	Ean Clares	(Month) (Day) (Year)	Phone (					
7.	K 10 .1	Street: 433 W. 6, 1 Man St. Apt # 2	□ Town In Village	11 /16/2011	Email					
Krysta Koralesky	Knyste Knowy	City: Madism, WI zip. 53706	*City Madison	(Month) (Day) (Year)	Phone (					
8. Andrew Lynde	Andre Jule	street: 135 Langdon St.	□ Town Dilage	11/16/2011	Email					
(Macret of a street	7 6.0	city: Madison WI zip: 53706	City Midison	(Month) (Day) (Year)	Phone (					
9.		street: 1210 Towa Dr.	Town	1/ /1/4/20/1	Email					
Carol Ann Hewitt	Care an Awrit	cty: Madison zip: 53704	City Madrson	(Month) (Day) (Year)	Phone (					
10.		Street: 6411 W Main 5+#364	□ Town □ Village	11 // 6/20_11	Email					
Crystle Martin	Cymo	City: Madison zip. 53703	City Madism	(Month) (Day) (Year)	Phone (					
	Certification of	of Circulator	11 1.							
John M	a Pla Carri	ful I racido et 9 Long mendon C	m. Madi	100						

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Email

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1. Heidi Hakseth	Geidi Clarat	Street: 70 Camus Ln #8	□ Town □ Village	11 /15/2011	Email Phone				
		city: Madison zip: 53705	Kity Modison	(Month) (Day) (Year)	(				
2. Mollie Overby	Mb ly	Street: 625 N. Frances St.	□ Town □ Village	11 /15/2011	Email				
	)	city: Madison zip: 53703	Acity Mad Son	(Month) (Day) (Year)	(				
3. Esther Sussman	Ether Rfr	Street: 437 W Gorham apt, 35	Town Juliage Madrson	11 /15/20 <u>11</u>	Email Phone				
4		city: Machison zip: 53703	( ) - //	(Mann) (Day) (Ten)	Email				
Rachel W:4	Call Ito	Street: 125 E Gorhan Apt 301  City: Madison Zip: 53703	Town Utillage City Madson	11 / 15 / 20 11 (Month) (Day) (Year)	Phone				
Jessica Andersa	Omple	street: 152 Langdon St  City: Madison zip: 53103	Town Juff		Email Phone				
Lyse water	Lun With	Street: 152 16 had un St City: MUDIS (D Zip: W)	Town Only Village City Mad 15m	Month) (Day) (Year)	Email Phone				
7. Russ Castnonur	M	street: F818 Windsona WT  City: Fitchbung zip: 53711	Town Juliage City Fitchburg	11 /15/20_// (Month) (Day) (Year)	Email Phone				
8. Apam amms NGS	May	Street: 140 Lus pr City: Apple to Zip: 54915	Town Just Just Appleton	1 / 1 5/20// (Month) (Day) (Year)	Email Phone				
9. Charles Virena	Charles	Street: Madison Zip: 53718	Town Juliage Gate Mand & son	1 / 15/20 <u>11</u> (Month) (Day) (Year)	Email Phone				
10. Rebeca M. Liebi	Rheal-M	Street: 610 W. Olin Ave. Apt A	□ Town	11 /15/20_11	Email				
. 1032.00 11, = 30.		City: Madison zip: W1	*City Madison	(Month) (Day) (Year)	(				
John M.	Rice Certification C	of Circulator ify): I reside at Greatoway Street rame and	Cr. Max	lison	***				
3 0, m / 1	, (certi	iry): I reside at (Cival to all Parish and Street	IN I		Circulators,				

Rese	eca M. Liek	S S	lice IN	Street: 610 W. Olin A.	ve. Apt A	□ Town □ Village  City	edison	(1 /15/20_/ (Month) (Day) (Year)
	1	M Rice	Certification	n of Circulator		Co	11.	Ison
•••	John ,	of Circulator)	, (c	ertify): I reside at(Circulator's	Con g Meadow  Residence - Street name and		(Circulator M	
	this recall petition and perso	nally obtained each of the si		nat the signers are electors of the jurisdict ive residences given. I support this recall	ion or district represented by the	officeholder named is	n this petition. I know the	at each person signed
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Sarah Campbell	South Land refer	street: 146 Langton st city: Mudison Wl zip: 53703	□ Town □ Village  City  Mad V	Son .	11/15/20 <u>1(</u> (Month) (Day) (Year)	Phone (
2. Patricia R Ferrara	Paricia R. Jerrara	street: 315 West Gorhan St #1  City: MadiSon zip: 53703	□Town □Village ☑City  Mad	Jul ?	il /5/20// (Month) (Day) (Year)	Email Phone
Julie Lennon	Juli Lenam	Street: 1388 Graystone Ct.  City: DePere wt zip: tot.	Inol.	Jan d.	// /15/20// (Month) (Day) (Year)	Email Phone
* Jeff Schultz	MH Shutte	Street: 344 W GOMOW Zip: 53701	□ Town □ Yillage □ City  Mad 1.	John	(Month) (Day) (Year)	Email Phone
Lisa Smith	Lisa Smich	street: 1291 Meadowlark Dr. city: Madison, WI zip: 53716	Town Uvillage City Mad	Son J	(1 /15/2011 (Month) (Day) (Year)	Phone (
"ERIC SZAKACS	Ciff	Street: 1016 EDAYTON ST. # ( City: WADISON), WZip: 573703	Town Village City  Muds	Son	(Month) (Day) (Year)	Phone (
David Bresnahan	DIPS	Street: 115 N Paterson St City: Machson, WI Zip: \$3703	Town Village City  Mad V	son?	11 / 15/20_1/ (Month) (Day) (Year)	Phone (
R and al Resum	R. Nio M	Street: 211 N. Hamilton St.  City: Madison zip: 53763	□ Town □ Village  City  Mach	Son	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Email Phone
David D. Honer	9) and d). Honer	street: 4825 Lovell lane 4 city: Malison W/ zip: 537/1	□ Town □ Village  City  Madd	Sork	// //6 /20 <u>U</u> (Month) (Day) (Year)	Email Phone
Bracky Kelly		street: 1237 E Simson for Apt 1  City: Madison zip: 53703	□ Town □ Village  City  Mod 1	Son	///j/20/(Month) (Day) (Year)	Email Phone
	Certification (					
John M. KI	CC (certi	ify): I reside at 9 Long meadow (	Ch.	Man	lism	
(Name of Circul	, , , , , , , , , , , , , , , , , , , ,	(Circulator's Residence - Street name and	l Number)	(Circulator N	Iunicipality)	Circulate

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Amanda Ochsner	anda Odu	Street: 10 E Gorham St.	Town Juliage Madison	11 /6/2011	Email Phone
2.		city: Madiso zip: 53703	$\Omega$	(Month) (Day) (Year)	( Email
Suzanne Way	Su	Street: Warsthon Dr City: Madison zip: 53705	Town Utillage City Markson	. 11 /16/2011 (Month) (Day) (Year)	Phone
3. Daniel Vickerman	Dan	street: 509 Elmside Blud  city: Madison W zip: 53704	Town   Village   City Mayli Son	(Month) (Day) (Year)	Email Phone
Nolan Lendred	Mela Yolan	Street: 1620 Madison 5t.  City: Madison, WI zip: 53711	Town July Son	11 /16/2011 (Month) (Day) (Year)	Email Phone
5. Joan Nelson	TEN	street: 5373 Lanne Ln  City: Mc Farland zip: 53558	□ Town  Fivillage	11 /16/201 (Month) (Day) (Year)	Email Phone
6. Alex Marks	also Modes	Street: 233 Langdon  City: Madison Zip: 53703	Town Village City Mad Son	// // /20	Email Phone
7. CHRISTING BUHL	Cluster Bold	Street: 2835 KINGS TO N DILIVE  City: MAD 1 SON Zip: 53713	Town 128 M. July.  Utillage City Mudison	//6 /20 11 (Month) (Day) (Year)	Email Phone
8. Nichotas Counds	Mitales Carone	street: 1116 Mound street  City: Mad son zip: 53715	Town Village City Madrson	// /6/20 <u>//</u> (Month) (Day) (Year)	Email Phone
Galen Bergquist	Lh Buil	Street: 109 N Hancock St  City: Madison zip: 53703	Town Junk Village  City May 15 on	11/16/20_11 (Month) (Day) (Year)	Email Phone
10. Wally Dowler	Milly Donl	Street: 215 N. Famus Street  City: Maria zip: 53703	□ Town		Email Phone
John M.	Klea	n of Circulator  rtify): I reside at	4	ison	Circulator

	<u> </u>		$\rho$ .	Certification of Circulator	r						
	John	M.	Kice	, (certify): I reside at	9	Long	m ladow	CA.		Madison	
		of Circulator					ice – Street nam			(Circulator Municipality)	
personally circulated this rec	call petition and perso	nally obtained	each of the signatures	on this paper. I know that the signers are elected	rs of the ju	risdiction or dis	strict represented b	y the officeholder na	amed in this p	etition. I know that each person si	gned
ne paper with full knowledge	of its content on the	date indicated	opposite his or her nan	ne. I know their respective residences given. I s	upport this	recall petition.	I am aware that fa	lsifying this certifica	ıtion is punish	able under S.12.13(3)(a), Wis. Sta	ats.
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(Month)	(Day)	(Year)		(Signature of C	rculator)				! ! !	# 1686	-
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Circulators
Phone

Email

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1. Crvilleruina de Ieran	72-5	Street: 415 5. Mills Street: 415 5. Mills Street: 21p: 537-15	Town Juph	(Month) (Day) (Year)	Email Phone
Perfecto Villarreal	Peyelo Villand	Street: 748 Jenifer St City: MAdiSUN zip: 53703	Town Jack  Village City Madism	// //6/20// (Month) (Day) (Year)	Email Phone
3. Stephan Terry	Styl Ata	Street: 110 Breese Terrace  City: Madison zip: 53726	Town Juliage Midison	(Month) (Day) (Year)	Email Phone
Thomas Lyneis	Trours	street: 201 Faville Adems 1500 circle city: Madison 21pt 53703	170 11	// //6/20 <u>//</u> (Month) (Day) (Year)	Email Phone
5. Natatie Sal	MatalaSol	street? I W Gilmon St #1  City: Madison Zip: 53703	Town July Mados of Ma	// /6/20// (Month) (Day) (Year)	Email Phone
6. kyle mile	Ih mule	street: 134 W. Corham St.  City: MadiSun W: zip: 53703	Town July City Madison	(Month) (Day) (Year)	Email Phone
Jacob Krenm	Julik	Street: 700 Langdon St.  City: Madizon, WI zip: 53703	Town Village City  Milison	// // /20/1 (Month) (Day) (Year)	Email Phone
8. Laura Eve Engel		Street: 904 E Johnson St April 3	14//		Email Phone
« Karyn Riddle	Raynkiddle	street: 4108 4ma pr City: Mad 1500 zip: 53711	Town Productive Market	///6/20 (Month) (Day) (Year)	Email Phone
DAN JACOBSOHN	Mm	Street: 31 PELIUM CIR City: MADISON NW Zip: 537/6	□ Town □ Village ☑ City Madison	) / / / / 20_// (Month) (Day) (Year)	Email Phone
1 1/	Certification of	of Circulator	1/1./	T-P =	
(Name of Circul	, (certi	ify): I reside at Circulator's Residence - Street name and		Municipality)	Circulator Phone

(Name of Circulator)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residence – Street name and Number)

(Circulator's Residence – Street name and Number)

(Circulator Municipality)

I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residence – Street name and Number)

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(Signature of Circulator)

Email

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	3 PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	M
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, op-Village)	DATE OF SIGNING	CC
1. Collin Clark	ala.clo	Street: 416 N. Carroll  City: Machison zip: 5-3703	Town Pullage Mad 1502	///4/20 (Month) (Day) (Year)	Email Phone
2. JOHN LENDVED	Aph blil	street: 633 N. Frances St.  City: Madison, WI zip: 53703	Town Juliage West City Madison	1//14/20_11 (Month) (Day) (Year)	Email Phone
3. Eileen Molzberger	emos	Street: 209 5 57100 502 N Francis St #62.7 City: Madison zip: 53703	Town Infl. City Madison		Email Phone
4. ALison Mikulyuk	AAA	Street: 2005 CARRY C+ City: MADISON, WI zip: 53704	Town July City Mad 15m	// //6/20_// (Month) (Day) (Year)	Phone (
5. Claire Johnson	Clauforn	Street: 3817 Paunach Ave City: Madison zip: 53711	Town In State of the City Medit Say	(Month) (Day) (Year)	Email Phone
Jake Wievel	John Whin!	Street: 240 W. Lukelawn Pl. Apt 7  City: Madison zip: 53703	Town JM.  City Maddsm	// //4/20 (Month) (Day) (Year)	Email Phone
Colh Rayson	Con Rugar	Street: 502 N Frances st City: Madisan zip: 53766	Town Prillage Madisa	///6/20// (Month) (Day) (Year)	Email Phone
8. Pennis Peterlin	M 12	Street: 305 N Blown And 5  City: Mad, 367 Zip: 53703	Town In Sillage Mafison	// /16 /20 11 (Month) (Day) (Year)	Email Phone
9. BRIAN KNAAK	Think	Street: †26 140 ISTA CF # 602  City: MADISON , WI Zip: 53703	Town Juliage Madssn	// //6 /20 // (Month) (Day) (Year)	Phone (
JESSICA KIRSTEIN	V husa Kuste	Street: IF N. FRANKUN ST. City: MADISON, WI zip: 53703	Town Village City Madison		Email Phone
John,	4.116/1	of Circulator ify): I reside at 9 Long Meadow	Cón Ma	doson	Circulators,

Certification of Circulator

[Name of Circulator]

[Name of Circul

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1. Nate Domaszek	Nat Knyel	street: 1303 Drake St City: Madison zip: 53711	Town Village City  Madv son	(Month) (Day) (Year)	Email Phone
2. Adam Levin	act	Street: 435 W. Mifflian City: Madison Zip: 53703	Town Willage 1/1	// /// 20 // (Month) (Day) (Year)	Email Phone
3. Obove Sharrone	Olobre Shank	Street: 15 N Hancock St Apr 2 City: Mach Sen zip: 52703	□ Town □ Village	// //6 / 20// (Month) (Day) (Year)	Email Phone
4. Garrett Granger	Dans 1	Street: 504 N Carroll St.  City: Mad 1507 Zip: 53703	Town Willage City Madison	// // /20// (Month) (Day) (Year)	Email Phone
5. Brianna Breunig	Znam Brende	Street: 21 E. Gorhamst. Apr. #3  City: Mr.Cyson 53703 W1	Town July City Mid Json	////6/20// (Month) (Day) (Year)	Email Phone
6. Hannah Graber	Hannah Graby	Street: 642 State Street City: Madison WI zip: 53703	Town Juliage City Midson	// //6/20/( (Month) (Day) (Year)	Email Phone
7. Rebecca Fernandez	Relin Gum	Street: 435 W JOMOSON St., City: 1 MOUISON WF 219:53703	Town Village Village Mads Con	11 /16/20 1( (Month) (Day) (Year)	Email Phone
Laura Mbers	Genera alla	Street: 435 W. JUNNSUNST.  City: Machison WI zip: 53703	□ Town □ Village		Email Phone
"Kelsey Cleland	Para plata (	Street: SOZN Frances St City: Madi San Wi zip: 53703	Town my Village McCity M. J. Son	// //4/20/( (Month) (Day) (Year)	Email Phone
10. Anna Grilley		Street: 512 E Johnson St City: Madison W zip:	Town Jmf.,  Village City Mufsson		Email Phone
John M. (Name of Circul			Cor Man	ed Mon	Circulator:

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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"Melanie Heinonen	melague Leunen	street: 265 Memphis Aue.	D'Town Blooming Grove	11 /15/20_11 (Month) (Day) (Year)	Email Pens Phone
2. David & Hart	Dron	Street: 219 Menghis Ave City: Madison zip: 53714	Town Blooming City Crove	// // /20_11 (Month) (Day) (Year)	Email Phone
3. ANITA BEMIS	And &	Street: 233 MEMPHS ME.  City: MADISON Zip: 53714	Town Blooming Other Grove	11 /15/20_11 (Month) (Day) (Year)	Email Phone
4. Charl Sund	less Que :	Street: 25 Memphis Ave City: Malison WI zip: 53714	Town Blowing  Original City CAOVE	(Month) (Day) (Year)	Email Phone
5. David Laubneie	o Dand Landonery	Street: 22) Memphis AVE City: Madison Zip: 53714	Town RIOOM MG	//5/20 <u>//</u> (Month) (Day) (Year)	Email Phone
" Starry Adams	Ad_	Street: 317 Memphis Ave.	Town Blooming City Grove	11 /15/20 <u>11</u> (Month) (Day) (Year)	Email Phone
JANLEYAREINKE	Stanley A Romke	// /	Prown Blooming City Grove	11 /15/2011 (Month) (Day) (Year)	Email Phone
"Arlene Moody	Cerlene Mont	Street: 501 Memphi Que City: Malisin zip: 53714	Strown Blooming City Groul	[[ /[ ] /201 (Month) (Day) (Year)	Email Phone
"Julia White	Sulia Muite	street: 505 Nemphis Ave City: Madison, WI zip: 53714	Town Blooming City Grove	///15/2011 (Month) (Day) (Year)	Email Phone
Robert White	howatell	Street: 505 Memphis Ave City: Madison WI zip: 53714	Va Town Blooming City Grove	// /15/20_11 (Month) (Day) (Year)	Email Phone
melasie (Penny) Le	. Certification of		madisuru Bloom	From	

Robert White low wilding | City: Mad | SA W | Zip: 537/4 | City | Grove | (Month) (Day) (Year) |

| Robert White | City: Mad | SA W | Zip: 537/4 | City | Grove | (Month) (Day) (Year) |

| Certification of Circulator | (Circulator's Residence - Street name and Number) | (Circulator Municipality) |
| I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his office name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

| Page No. (Official Use Only) | Page No. (Official Use Only) | (Signature of Circulator) | (Signature

Phone

Email

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	VOTING MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
	7 2 2 2 2 2 3 3 2 2 2 3 3 3 3 3 3 3 3 3	Rural address must also include box or fire no.	(Indicate Town, City, or Village)	
Anthony C.	2000	Street: 5/7 Memphis Ave	Town Bloowing City Grove	11 /15/201)
1251/2		City: Madison zip: 53714	0.5	(Month) (Day) (Year)
Jesenia Oliva	as Closina Ova	street 65 Meruphis Aul	Trown Storing	
Kyle Ryan	1/2	Street: 32 10 St Boul Pue,	Prown Hoomil Gran	1 /5/201
		City: Modern a zip: 53714		(Month) (Day) (Year)
Elizabeth Lawler	en and of o	Street: 3210 St. Paul Ave	Town blooms	111/15/2011 L
ELECTOCIAL LONGICA	Cligation Later	city: Madison zip: 53714	□ City 6/10 U	(Month) (Day) (Year)
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-0 ()	\ \ \ \ - Certification	of Circulator	0.00	
Velame / Venne	Deniver (cert	ify): I reside at _205 Memphis Aue	· madison, WI Blue	4 Crove

(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Walker from office pursuant to Article XIII, S	Section 12 of the Wisconsin Constitution and S.9.10 of the V	Visconsin Statutes.		PO Box 256
THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: Georgia Black Sign: Gwyn) Bulk	Street: \$05 Christianson Ave  City: Madison WI zip: 55714	Town   Village   City   Bluming Crave   (Municipality Name)	////5/20 <u>//</u> (Month) (Day) (Year)	Phone (60%)
2. Print: Debbie Denton Sign: Debra Deur Denton	Street: 2009 NORTHPORT DR # 10	□ Town □ Village 図 City  Madi≤M (Municipality Name)	11 / 15/20 <u>//</u> (Month) (Day) (Year)	Phone (608)
3. Print JEANNINE DENNING Spanning Hanning	Street: 333 W. Dayon 5t. (60) City: Madriow Wizip: 53703	Town Village Village (Municipality Name)	11/15/20 <u>11</u> (Month) (Day) (Year)	Denni Phone (608)
4. Priat: LAWREDCE KOTH  Sign: Lawrence Koth	Street: 21 DIXON ST  City: MADISON Zip: 53704	Town Village City  MadiSon (Municipality Name)	16 FJ 115 20 1 (Month) (Day) (Year)	Phone ( 6CB )
5. Print Yevin Numi	Street: 518 Kllen st City: Cambridge 21p: 53523	□ Town  □ Village □ City  (Municipality Name)	16 FD N 15/201 (Month) (Day) (Year)	Phone (SS)
I, Fred Schiffwtz, (Printed Name of Circulator)	certify): I reside at (Circulator's Residence – Street Name and Nur	June 1886 (Grounder Munic	inalitu)	Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of	the jurisdiction or district represented by the officeholder
named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her named in this petition.	ame. I know their respective residences given. I support this
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Please include your cor Phone

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PO Box Madison

CONTACT

Circulators, please inch Phone Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes,

VOTING PRINTED NAMES OF ELECTORS DATE OF SIGNING SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE Rural address must also include box or fire no (Indicate Town, City, or Village) 1. SCOTT Email Jacobson Town BLOOMING 11 /15/2011 eaningty ☐ Village Phone GPWE MCCORMICK ☐ City zip: 537H MADISON, WI Email Nathon Town ☐ Village Dlooming Phone ☐ City zip: 53714 Grove (CO8) 30 3. Email 1)26650 ower Town ☐ Village Blooming OSCat Phone ☐ City arove Email 4. Town □ Village In Feierabend zip: \$37 14 City Bloom Grove Phone Email 110615 Town Village Phone ☐ City NOZĪ61M 6. Email Town □ Village Phone zip: 53714 MudDon ☐ City 7. Email **≝** Town Phone ☐ City zip: 537/4 Email Town Village /15/201 Brumy Grop Phone ☐ City Zip: 537 14 Email Phone Phone

1015 1105120	e City:	HADISON 830	7/4	Drowing Ollor	(Month) (Day) (Year)
Nicole Richmond McKe	Street: 4	10011 0001-3	Are Tou	vn age 2	11/15/2011
MICOLE VICKMOND MICH	Cholologian Mo	oblision W/ Zip:	53714 City	y Blooming Grove	(Month) (Day) (Year)
- 1 0 1 1	Certification of Circul	lator .		0.	•
, Fred Schepantz	, (certify): I reside	DC Chris	41150 W	15/00mis 6	-100 C
(Name of Circulator)	<u> </u>	(Circulator's Residence -	Street name and Numb	er) (Circulator M	Iunicipality)
I personally circulated this recall petition and personally obtained each of the si					
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Committee to PO Box 2569 Madison, WI

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			iviadison, wi
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Sydney Anderson	Street: 42 W. Main St.	☐ Town ☐ Village  City // /	11 15/2011	Email
sign. Syphey Chaleroux	cuy/Madesin 2453763	(Municipality Name)	(Manth) (Day) (Year)	Phone ( )
Print: Jor Cha Day	Street: 5312 Westport PD. \$208	□ Town □ Village   City	11/1/2011	Email
Sigill .	City: Madisan zip: 53704	(Municipality Name)	(Month) (Day) (Year)	Phone ( )
Print: Robin Gabbei	street: 188 Cannery Place #102	☐ Town ☐ Village  ACity	11/5/2011	Email
stgn: YKONNU HANDU	cur Sun PraineWlz. 53590	SUN Prouvic (Municipality Name)	(Month) (Day) (Year)	Phone ( )
4. Print: Trew Nateid	street: 7367 timberlake Trl Apt 30	☐ Town ☐ Village ☐ CCity	11/15/2011	Email
Sign: Nevor Selel	city: Madison zip: 53719	(Municipality Name)	(Month) (Day) (Year)	Phone ( )
5. John L. Quinlan	75 Golf Pknx, Unit F	☐ Town ☐ Village → City	11 / 10 - 1	Email
Sign Schn X. Quinky	chy. Madison zup. 53704	(Municipality Name)	(Month) (Day) (Year)	Phone ( )
Joan Keller	Certification of Circulator	)( Madicon		

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(Circulator's Residence - Street Name and Number)

an petition. I am aware that faishiying this certification is punishabilithner S.12.13(3)(4), wis. St

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(Printed Name of Circulator)

(Signature of Circulator)

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(Circulator Municipality)

Circulators, Please include your

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PO Box 2569
Madison, WI

THE MUNICIPALITY U	JSED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			iviauison, wi
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1 Keller	Street: 4337 naw for	口 Town 口 Village 更 City A 〇	11 /13/20_11	Email
Sign:	chy: Mad (501 24): 53711	(Municipality Name)	(Moath) (Day) (Year)	Phone ( )
Print: ANDREW BERNA	1658 Sunfield Styce	☐ Town ☐ Village ☐ City	JKK 11/132d	Email
Sign: Advense	CHY. MAMSON W ZAP. 53707	MAD (S (Municipality Name)	(Month) (Day) (Year)	( )
Martha Busse	street: 2914 Ashford Ln#2	Town Village City Madison	11/15/2011	Phone
Sign: VV (AVV)	cay Madison WI zap 53713	(Municipality Name)	(Month) (Day) (Year)	( )
Print: Kelly Case	8306 Inveness Dr	Town Uvillage  City  Malison	11/12/21	
Sign XVIII (in)	Madison, WI 53717	(Municipality Name)	(Month) (Day) (Year)	Phone ( )
5. Print Drika Rosalas	street: 2902 Achw Dr	☐ Town ☐ Village IO City	11/15/2011	Email
Sign:	city: Madwon zip: W.537/	(Municipality Name)	(Month) (Day) (Year)	Phone ( )
· Torono Koller	Certification of Circulator	DV Madison		
· 1000/01/01/01/42/	4233 (million)	17/ 1/1/0/2/ /</td <td>^</td> <td></td>	^	

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(Printed Name of Circulator)

(Signature of Circulator)

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(Circulator Municipality)

Circulators,
Please include your cont

Phone
(608)
Email

Batch 1

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

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Juliet Sanders	Juliet Sanders	Street: 1109 Saybrook Road City: Madison, WI zip: 53711	Town Village Mad: Son	// /5/2011 (Month) (Day) (Year)	Email j Phone
Robert Mctarlane	Bat Male	Street: 810 Longwood Dr City: Oregon W zip: 53575	Town Oregon	1) /15/20// (Month) (Day) (Year)	Email by Phone
Larry Chavez	Lala	Street: 713 High cliff Tel.  City: Madison WE zip: 53718	Town Village Madison	j)/15/20_11 (Month) (Day) (Year)	Email Phone
Ariel Forb	ariel Ford	Street: 6/3 M. Milialett.	1 v	// / 1.5/20_// (Month) (Day) (Year)	Email Phone
Charles Newman	Charles Newman	Street: 702 Eagle Crest Dr City: Madison WI Zip: 53704	Town Village  City Madison	11 /15/20_11 (Month) (Day) (Year)	Email Phone
JAMES Foguson	Jour Ferguer	Street: 2996 Ro. Ot DR City: STOUGHTON Zip: WI	Trown Pleasants frings	(Month) (Day) (Year)	Email (
Michael Sanders	MICanles	Street: 1109 Saybrook Rd  City: Madison wt zip: 53711	Town Village Secity Madison	11 /15 /20 11 (Month) (Day) (Year)	Email So. Phone
MARI Brooks	No	Street: 827 Kott Ke Dr. City: MADI SON WI Zip:53719	Town Village Madiss	11 /15/2011 (Mouth) (Day) (Year)	Email Phone
en France	OFrance	street: 9/3 Eagle Crest Dr.  City: Mudrison zip: 53704	Town Village Madisus	/15/2011 (Month) (Day) (Year)	Erhail Phone
10. TODD MEADOWLED FT	Toll pendowens of	Street: 6702_A PARK RINGE DRIVE  City: MADIJON Zip: 53719	Town Village City MD150N	11 / 15 / 20 11 (Month) (Day) (Year)	Email Phone
Leslie Starczewsk	. Certification of	of Circulator		_	•
Name of Circul		fy): I reside at Circulator's Residence - Street name and		Aunicipality)	Circu

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja

Committee to

Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.				
THE MUNICIPALITY U	JSED FOR MA1LING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1.  Print: Oan Fink  Sign: On Gull	Street: 116 E Gorhan St. APT C  City: Madison zip: 53703	□ Town □ Village □ City (Municipality Name)	Manth (Day) (Year)	Phone ( )
2. Print: DAVIZ RYAN PSKORNY Sign Sur Sur Maria Ryan Pskorny	Street: 321 Wisconsin AUF AP712  City: MHDISON WI zip: 53703	☐ Town ☐ Yillage    Solity   MRD   Solid   (Municipality Name)	[(//L/20/1] (Month) (Day) (Year)	Phone ( )
3. Print: Laupentahuy Sign: Commentation	Street: 144 E Gorcham St #1F	☐ Town ☐ Viriage ☐ City  (Municipality Name)		Phone ( )
4. Glen Alla Sign: O. C.	Street: 2202 Center Are  City: Madison WI zip: 53704	Town Village City  MadiSu  (Municipality Name)	(Month) (Day) (Year)	Phone ( )
5. Print:	Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	(Mouth) (Day) (Year)	Email Phone
I, Chris Swenson (Printed Name of Circulator)	Certification of Circulator  (certify): I reside at 6798 Park Ridge Drunt A  (Circulator's Residence - Street Name and Nu	City of Madism  (Circulator Muni	icipality)	Circulators, Please include your cor
I personally circulated this recall petition and personally o	btained each of the signatures on this paper. I know that the signers are elector paper with full knowledge of its contenyon the date indicated opposite his or	ors of the jurisdiction or district represented by the	he officeholder	Phone ( COX

(Month)

(Day)

(Year)

(Signature of Circulator)

Page No. (Official Use Only)

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Wisconsin Petition for the Petitio

ott	!	Return by J Committee PO Box 256 Madison, W
GNING		CONT
20 <u>u</u>		Email JAHAVU
(Year)		Phone (608)
2011 Year)		Phone ( )
20 <u>//</u> Year)		Phone ( & O &)
(0 <u>/</u>		Phone (608)
<b>(</b> )		Email (

Walker from office pursuant to Article XIII,	Section 12 of the Wisconsin Constitution and S.9.10 of the V	Wisconsin Statutes.		PO Box 25
THE MUNICIPALITY I	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. JEFFREY A. HAULENA	Street: 118 RICHLAND LAME	□ Town □ Village  City	11 /15/2011	JAHAVU
Sign:	City: MADISON WI Zip: 53705	(Municipality Name)	(Month) (Day) (Year)	Phone (60%)
Print: Robert W. Purvis	Street: 6624 Century Ave	☐ Town ☐ Village ☑ City	11 /15/2011	Email
Sign: Robert Cury	City: Middletay Zip: 5367	Middleton (Municipality Name)	(Month) (Day) (Year)	Phone (
3. Bernie P. Tennis	Street: 1731 Baker Ave	□ Town □ Village  □ City	11/15/20//	Email
Sign: / Frum & Manni	city: Madison zip: 53705	(Municipality Name)	(Month) (Day) (Year)	Phone (608)
4. Signe Knudsen	Street: 465 N Baldwin St.	□ Town □ Village  • City	11/5/201	Email
ingre Kruh	city: Madism W zip: 53703	(Municipality Name)	(Month) (Day) (Year)	Phone (608)
5. Chris Swenson	street: 6758 Park Ridge P- Unit A	□ Town □ Village ▼ City	().	Email chuise
sign: Chris Sum	city: Madison WI zip: two	Mach Son (Municipality Name)	(Month) (Day) (Year)	Phone (608)
I, Chris Swenson (Printed Name of Circulator)	Certification of Circulator  (certify): I reside at 6758 Park hidge of Unit	t A Madison		Circulators,
(Frintea Name of Circulator)	Uirculator's Kesiaence – Street Name and Nu	mber) (Circulator Munic	rinaiiv) .	Diamento de la compansión de la compansi

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named in this petition. I l	know that each pe	erson signed the paper		that the signers are electors of the jurisdiction of indicated opposite his or her name. I know the		
(Month) /	(Day)	/ <u>20</u> (Year)	(Signature of Circulator)		Page No. (Official Use Only) #1698	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

	THE MUNICIPALITY USED FOR MA1LING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	
	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
	Jennifer A. Hackenmi ller	Janua fa Maria a famille	City Madison WI Zin 53718	Town Willage MAJSDN	11 /15/2011 (Month) (Day) (Year)	Email Phone
	Mary C. Moubry	Mary C. Monky	Street: 913 AcewoodBrta	Down Dillage  City  MadiSon	///5/20_/1 (Month) (Day) (Year)	Email Phone
	Rotie ! Pronschinske	Voita Prancusto	street: 1917 Tarragon Dr City: Mayson zip: 33716	Town Willage HOLLSON		Email
	Wesley R. Handrow,	Nedy Hym H	Street: 5304 Marsh Woods Prive City: Mc Farland 21p. 53558	Town  No Village City Mc Farland	11/15/2011 (Month) (Day) (Year)	Email Phone
	JOSHUA). JOHNSON		Street: 4716 DALEST. Apr. #44 City: McFARLANDWI ZID: S3558	Town Stillage City  McFARLAND		Email Phone
	Theresa A. Johnson	Theresa ana Johnson	street: 4716 Pale St Apt #4  City: McFarland WI zip: 53558	Town Willage City McFarland	11 /15 /2011 (Month) (Day) (Year)	Email Phone
	Nancy J Johnson	hancy J. Johnson	Street: 6145 TUSCOPIA TY City: MCFAYLAND WI zip: 53558	Town Skillage City McFarland	11/15/2011 (Month) (Day) (Year)	Email
	Leckin R Glover	Le an Hove	chy: McFarland W1 21p:53558	Town Willage McTarland	// /5/2011 (Month) (Day) (Year)	Email Phone
	CORTER MCHAIR	Coutmon	Street: 5403 Dennis Dr. City: Mc Farland Zip: 53558	□ Town  Willage Mc farland	(Month) (Day) (Year)	Email Phone
			Street: City: Zip:	☐ Town ☐ Village ☐ City	//20	Email Phone
-		Certification o	of Circulator			
Ì	MAYUIN Meyer!		fy): I reside at 5602 Scott ST (Circulator's Residence – Street name and	Me Follow W	(Aumicinality)	Circ
	(Name of Circul circulated this recall petition and personally obta th full knowledge of its content on the date indic	ained each of the signatures on this paper. I know that the	he signers are electors of the jurisdiction or district represented by the	officeholder named in this petition. I know the	hat each person signed	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
I. Ellen Garske	Ellen Yarske	Street: 6301 Pheasant Run City: McFarland zip: 53558		////5/20	Email Phone
Iris Krisch	Dûs Krisch	Street: 4172 Loo Kout Fail City: Mc Farland Zip: 53558	™ Town □ Village □ City □ Dum	11 /15/2011 (Month) (Day) (Year)	Phone (
Ron HANKO	Ron Handes	Street: 6/11 Indian Mound Dr City: Mc Farland, WI zip: 53558	Town Village City  MCFACLAND	// /5/20/1 (Month) (Day) (Year)	Email Phone
JAMES ZEMLIC	$\wedge$ 110. II	Street: 6202 Johnson St. City: MFAMUL Wizip: 53558	Town Svillage City  TANARA	///5/20// (Month) (Day) (Year)	Email Phone
Susan Hartman	Sugar Section	street: 6318 Johnson St City: McFarland zip: 53558	Town Willage City McFarland	////5/20 <u>//</u> (Month) (Day) (Year)	Email Phone
Gary Bunler	Gay Bully	Street: 6007 Eychange St City: Me Farland Zip: 53558	Drown Byillage City Mc Facland	11/15/20 <u>1(</u> (Month) (Day) (Year)	Email Phone
.   /•	Susan Bonchardt	Street: 5321 Llanne Lane City: McFarlancl zip: 53558	City McFarland	11 /15/20 11 (Month) (Day) (Year)	Email Phone
Stephen Drucker	the sa	Street: 4663 Treichel St pa	Town Village Madison	// /5/20_// (Month) (Day) (Year)	Email Phone
Minh the loves	annerford	Street: (ODR EXChange S) City: MCHay and W zip: 53558	Town City Mc Car brod	(Month) (Day) (Year)	Email Phone
Holly Ceelen	L X /	Street: 5205 Falling Leaves Ln City: McFarland Zip: 53558	Town Village Mc Farland	// //5/20 (Month) (Day) (Year)	Email L So Phone
Certification of Circulator					
Joanne H. Ruzich		fy): I reside at 3352 Evuggev 11 (Circulator's Residence Street name and	Blooming (Circulator N		Circulators

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

| Page No. (Official Use Only) | (Signature of Circulator)

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Phone

Email